

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573863

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		2		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		3		
41		0		3		
42		0		3		
43		0		3		
44		0		3		
45		0		3		
46		0		3		
47	1		1			
48		1		1		
49	1		1			
50	1		1			
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	67	←		←		←
TOTAL CLAIMS	72					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0		1		
53		0		1		
54		0		1		
55		0		1		
56		0		1		
57		0		1		
58		0		1		
59		0		1		
60		0		1		
61		0		1		
62		0		1		
63		0		1		
64		0		1		
65		0		1		
66		0		1		
67	1	1	1	1		
68		1		1		
69		2		1		
70						
71						
72						
73						
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75						
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84						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	89	←		←
TOTAL CLAIMS			94			